CLEMENT MANOR HEALTH CARE CENTER

3939 SOUTH 92ND STREET

GREENFI ELD Phone: (414) 321-1800 Ownershi p: Non-Profit Church Related 53228 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 168 Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/00): 168 Average Daily Census: Number of Residents on 12/31/00: 157

163

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	25. 5
Day Services	No	Mental Illness (Org./Psy)	32. 5	65 - 74	5. 1		
Respite Care	Yes	Mental Illness (Other)	1. 3	75 - 84	31.8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	54 . 1	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & 0ver	8. 9	Full-Time Equivalen	ıt
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 2		100.0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	21.0	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	20. 4			RNs	10. 7
Referral Service	No	Di abetes	1. 9	Sex	%	LPNs	12. 1
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	18. 5	Male	21. 7	Aides & Orderlies	41. 2
Mentally Ill	No			Female	78. 3	İ	
Provide Day Programming for			100.0	İ		I	
Developmentally Disabled	No				100. 0	I	
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Method of Reimbursement

		Medi	care		Medi c	ai d											
	(Title 18)		((Title 19)			Other Pr		Private Pay			Managed Care			Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	4. 8	\$131. 26	0	0. 0	\$0.00	4	6. 2	\$198.00	0	0. 0	\$0.00	8	5. 1%
Skilled Care	9	100. 0	\$270. 27	73	88. 0	\$111.71	0	0. 0	\$0.00	61	93. 8	\$180.50	0	0. 0	\$0.00	143	91. 1%
Intermediate				6	7. 2	\$92. 17	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	6	3.8%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	9	100. 0		83 1	100. 0		0	0. 0		65	100.0		0	0. 0		157	100. 0%

County: Milwaukee CLEMENT MANOR HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Services, ar	nd Activities as of 12/	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	8. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	3. 2		72. 6	24. 2	157
Other Nursing Homes	9.6	Dressi ng	7. 0		75. 2	17. 8	157
Acute Care Hospitals	67. 0	Transferri ng	19. 7		56. 7	23. 6	157
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 3		61. 1	23. 6	157
Rehabilitation Hospitals	0. 9	Eating	61.8		12. 1	26. 1	157
Other Locations	13. 0	***********	**********	******	******	*******	******
Total Number of Admissions	115	Continence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10. 2	Receiving Resp	oi ratory Care	5. 7
Private Home/No Home Health	28. 5			47.8	Receiving Trac	cheostomy Care	0.6
Private Home/With Home Health	0.0	0cc/Freq. Incontine	nt of Bowel	42.7	Receiving Suct	i oni ng	0.6
Other Nursing Homes	0.8	i -			Receiving Osto	omy Care	1. 3
Acute Care Hospitals	15. 4	Mobility			Receiving Tube	Feeding	5. 7
Psych. HospMR/DD Facilities	0. 0	Physically Restrain	ed	3.8	Receiving Mech	nanically Altered Diets	32. 5
Rehabilitation Hospitals	0. 0	İ			Ö	3	
Other Locations	11. 4	Skin Care			Other Resident (Characteri sti cs	
Deaths	43. 9	With Pressure Sores		8. 9	Have Advance I)i recti ves	95. 5
Total Number of Discharges		With Rashes		1. 3	Medi cati ons		
(Including Deaths)	123	1				choactive Drugs	54. 8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities *******************************

		Owne	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Nonj	profi t	100-	199	Ski l	lled	All	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 0	91.5	1.06	83. 3	1. 16	81. 9	1. 18	84. 5	1. 15
Current Residents from In-County	95. 5	87. 4	1.09	85. 0	1. 12	85. 6	1. 12	77. 5	1. 23
Admissions from In-County, Still Residing	34. 8	27. 5	1. 27	19. 2	1. 81	23. 4	1.48	21.5	1. 62
Admissions/Average Daily Census	70. 6	115. 2	0.61	196. 7	0. 36	138. 2	0.51	124. 3	0.57
Discharges/Average Daily Census	75. 5	118. 5	0.64	194. 3	0. 39	139. 8	0. 54	126. 1	0.60
Discharges To Private Residence/Average Daily Census	21. 5	35. 5	0.61	76. 2	0. 28	48. 1	0. 45	49. 9	0.43
Residents Receiving Skilled Care	96. 2	89. 5	1.07	91. 2	1.06	89. 7	1.07	83. 3	1. 15
Residents Aged 65 and Older	100	96. 9	1.03	93. 9	1.06	92. 1	1.09	87. 7	1.14
Title 19 (Medicaid) Funded Residents	52. 9	57. 6	0. 92	60. 4	0. 88	65. 5	0.81	69. 0	0.77
Private Pay Funded Residents	41. 4	35. 4	1. 17	26. 5	1. 56	24. 5	1.69	22.6	1.83
Developmentally Disabled Residents	0.0	0. 4	0.00	0.6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	33. 8	30.8	1.09	26. 6	1. 27	31. 5	1.07	33. 3	1.01
General Medical Service Residents	18. 5	24. 9	0.74	22. 9	0. 81	21.6	0.86	18. 4	1.00
Impaired ADL (Mean)	51.0	50. 5	1.01	48. 7	1.05	50. 5	1.01	49. 4	1.03
Psychological Problems	54.8	45. 5	1. 20	50. 4	1.09	49. 2	1. 11	50. 1	1.09
Nursing Care Required (Mean)	7. 1	6. 6	1. 08	7. 3	0. 97	7. 0	1. 01	7. 2	0. 99